

# Allergy Action Plan

## Emergency Care Plan

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

Extremely reactive to the following \_\_\_\_\_

### THEREFORE:

- ☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.  
☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

### Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG: Short of breath, wheeze, repetitive cough  
HEART: Pale, blue, faint, weak pulse, dizzy, confused  
THROAT: Tight, hoarse, trouble breathing/swallowing  
MOUTH: Obstructive swelling (tongue and/or lips)  
SKIN: Many hives over body

Or combination of symptoms from different body areas:

SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)  
GUT: Vomiting, diarrhea, crampy pain



### 1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
  3. Begin monitoring (see box below)
  4. Give additional medications:\*
- Antihistamine
  - Inhaler (bronchodilator) if asthma

\*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

### MILD SYMPTOMS ONLY:

MOUTH: Itchy mouth  
SKIN: A few hives around mouth/face, mild itch  
GUT: Mild nausea/discomfort



### 1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

### Medications/Doses

Epinephrine (brand and dose): \_\_\_\_\_

Antihistamine (brand and dose): \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if asthmatic): \_\_\_\_\_

### Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician/Healthcare Provider Signature \_\_\_\_\_

Date \_\_\_\_\_

TURN FORM OVER

Form provided courtesy of the Food Allergy & Anaphylaxis Network ([www.foodallergy.org](http://www.foodallergy.org)) 9/2011

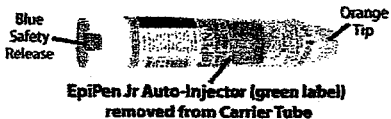
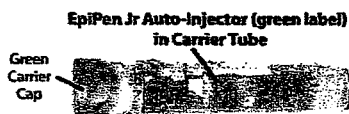
## Trained Staff Members

Location \_\_\_\_\_

Location \_\_\_\_\_

Location \_\_\_\_\_

### Instructions for Administration Your EpiPen and EpiPen Jr Auto-Injector



Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.



FOR ALLERGIC EMERGENCIES

- 1) Pull OFF RED safety guard
- 2) Place BLACK end AGAINST OUTER THIGH, then PRESS FIRMLY and hold for 5 seconds



SEE MEDICAL ATTENTION

For Auto-injector Medication: (effective 7/1/05)

\_\_\_ Student may carry and self-administer medication.

\_\_\_ Student may carry but should not self-administer medication.

\_\_\_ Student may not carry or self-administer medication.

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_